

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

II. Name of lobbyist's partnersh	sip, firm or corporation, if a	ny:	
(Name of partner Two Eagle Square, Suite 300	rship, firm or corporation) Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603)520-0822	(603)	cmail strachy@aol.com_	
(Telephone)	(Fax)		
III. This statement covers: (Choreportable expense transactions All reportable transactions of	which are not attributable		
Enterprise Holdings		s on the Lobbyist Registration Fo	
unrelated to ony particular client. IV. Date of Report April 24 Reparts cover: activity from dat October	4, 2019	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31	9
V. There have been no fees rece If this box is checked, complete ju Concord, NH 03301.	ived and no reportable trans st this form ond submit it to th	sactions made since the last rep ne Secretary of Stote's Office, Sto	ort. 🔀 le House, Room 204.
If you have paid an hon Expense Reimbursement	s or made expenditures, you or orarium or reimbursed expens	must file Addendum A– Fees and ses, you must file Addendum B–ontributions, you must file Adder	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B at the best of my knowledge and below (Signature of lobbyist) Stuart D. Trachy	nd RSA 664 and hereby swear	r or affirm that the foregoing info	rmation is true and complete to
(Print Name of Johnvist)			